2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# N08000011198

Entity Name: ART STUDIO INC.

Current Principal Place of Business:

7230 NW MIAMI CT
STUDIO # 5
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

7230 NW MIAMI CT
STUDIO # 5
MIAMI, FL 33150

New Mailing Address:

FEI Number: 26-3923184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUGHES, RACHEL
7230 NW MIAMI CT
STUDIO # 5
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RACHEL HUGHES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUGHES, RACHEL
Address: 7230 NW MIAMI CT, STUDIO # 5
City-St-Zip: MIAMI, FL 33150

Title: VPD ( ) Delete
Name: TUNE, CARMEN
Address: 7230 NW MIAMI CT, STUDIO # 5
City-St-Zip: MIAMI, FL 33150

Title: CD ( ) Delete
Name: MOODY, CHERYL
Address: 7230 NW MIAMI CT, STUDIO # 5
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BLAZEKOVIC, NORELKYS
Address: 7230 NW MIAMI CT, STUDIO # 5
City-St-Zip: MIAMI, FL 33150

Title: CD (X) Change ( ) Addition
Name: WARNER, EMILY
Address: 7230 NW MIAMI CT, STUDIO # 5
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL HUGHES PD 10/05/2009

Electronic Signature of Signing Officer or Director — Date